

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Waver</i>		<i>6/14/01</i>
O.L.P.E. CLASSIFIER		<i>23</i>	<i>6/23/01</i>
FORMALITY REVIEW	<i>M H</i>	<i>625</i>	<i>08-08-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

+ ..... Rejected      N ..... Non-elected  
 + ..... Allowed      I ..... Interference  
 + ..... (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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